CLAIM OF: MICAIAH YOUNG P.O. Box 92039 Atlanta, Georgia 30314

For damages alleged to have been sustained as a result of a vehicular accident on March 30, 2000, at 588 Beckwith Street

BY PUBLIC SAFETY AND LEGAL ADMINISTRATION COMMITTEE:

BE IT RESOLVED by the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to **Micaiah Young** the sum of \$985.00 in full settlement and satisfaction of all claims, past, present and future, of every kind and character for damages alleged to have been sustained as a result of a vehicular accident on March 30, 2000 at 588 Beckwith Street as is more particularly set forth in the within claim; said sum taken from and charged to account 1A01/529017/T31001, Settlement of Suits and Claims, Department of Law.

APPROVED: SUSAN PEASE LANGFORD CITY ATTORNEY

ROSALIND RUBENS NEWELL DEPUTY CITY ATTORNEY

## DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0602 Date: November 16, 2000
Chimana Nijatina MICHAIAH VOUNC
Claimant /Victim MICHAIAH YOUNG BY: (Atty) (Ins. Co.)
Address: P.O. Box 92039, Atlanta, Georgia 30314
Culturations Claim for Property demage \$ 000.46 Radily Injury \$
Date of Notice: 9/29/00 Method: Written Proper X Improper
Conforms to Notice: O C G A 836-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 3/30/00 Place: 588 Beckwith Street
Date of Notice: 9/29/00 Method: Written, Proper X Improper  Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X  Date of Occurrence 3/30/00 Place: 588 Beckwith Street  Department POLICE Division  Employee involved Miguel A. Hall Disciplinary Action: No Action Taken
Employee involved Miguel A. Hall Disciplinary Action: No Action Taken
NATURE OF CLAIM: Claimant's vehicle sustained damage when it was struck a city vehicle that "failed to yield
when entering a roadway".
INVESTIGATION:
INVESTIGATION:
Statements: City employee Claimant Others Written Oral
Pictures Diagrams Reports: Police X Dept Report Other
Traffic citations issued: City Driver Claimant Driver
Citation disposition: City Driver Claimant Driver
BASIS OF RECOMMENDATION:
Function: Governmental X Ministerial Damages reasonable X Damages reasonable X
Improper Notice More than Six Months Other Damages reasonable X
City not involved Offer rejected Compromise settlementX
Repair/replacement by Ins. Co. Repair/replacement by City Forces Claimant Negligent Z Joint Claim Abandoned
Claimant Negligent City Negligent Joint Claim Abandoned
Respectfully submitted,
Respectfully submitted,
$\mathcal{L}$
Muneles / m
INVESTIGATOR - GWENDOLYN BURNS
RECOMMENDATION: /
Pay \$
Claims Manager: Concur/date Concur/date
Committee Action:Council Action
FORM 23-61

## COUNCIL OF THE CITY OF ATLANTA MUNICIPAL CLERK

City Hall

55 Trinity Avenue, S.W.

Signature of Claimant

Atlanta, Georgia 30335

	, 300.8 50000					
	ar Municipal Clerk:		ENTERED - 1 00L0602 - G	wen burns		
and	is is to notify the City of Atlanta that I have sur d/or \$ bodily injury for	or which I conte	end the City is liable.			property
1.	Date of incident: 3/30/00 (month/day/ year)	2. Time	of Incident: 8:2	5 3. Po	lice called: X	s No
4.	Location of incident (including street address)	: <u>588 (</u>	<u> Seckwith</u>	- st.	Atlanta,6A	30314
5.	Name of your insurance company: 6	eico		Policy	No. 7281	0723
6.	State what and how incident occurred:	was dri	ring up Walnu	u St. W	hen I ap	proached
	the Corner of Beckwi	th st.	As I bega	in to	turn le	乎 <u>丿</u>
	onto Beckwith St.,		•			
	as the driver pulled					
7.	ALL ESTIMATES AND DAMAGES ARE RESULT IN YOUR CLAIM BEING DENI	E SUBJECT TO	O INSPECTION. T	HE MAKIN	G OF FALSE CI	LAIMS WILL
8.	proof of ownership of your vehicle (copy of the	e registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and of of ownership of your vehicle (copy of the current tag receipt or title).				
	Your vehicle: Chrysler/Laser (Make)	1985		$M_{i}$	caiah bo	uhy
	(Make)	(Year)	(Tag Number)	(Dri	iver's Name)	
		icle: #24057 (Make) (City Driver's Name) (Department/Bureau)				
	(Make)	(City Driver's	Name)	(De	partment/Bureau)	
9.	Witness:					
		(Address)		(Te	lephone Number)	
10.	The acknowledgment of this claim in no State law, nor is it an admission of liability on					as granted by
11.	This claim should be mailed immediately to	the address sh	own above.	,		
	I HEREBY SWEAR OR AFFIRM THAT TH INFORMATION IS TRUE AND CORRECT		Micaio	(Print Clain	nant's Name)	<del></del>
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04) 522-9922 (404) 523-907

64 30314 (City, State and Zip Code)

(Work Number)

Home Number)

## GENERAL RELEASE AND INDEMNIFICATION

CLAIM NUMBER 00L0602	\$_	985.00
DOLLARS, to be paid by the CITY OF AT for myself, my heirs, executors, administratemployees, including but not limited to of action, suits, damages, loss and expense	LANTA, the future receipt of ators, and assigns, release and Miguel A. Hall from a ses, of whatsoever kind or na or on account of a vehicular	IGHTY-FIVE DOLLARS AND no/100 of which is hereby acknowledged, I do hereby ad forever discharge said City, its officers an any and all claims, demands, actions, cause nature for or on account of anything that hat accident which occurred on or about the SW
admission on the part of the City, its officundersigned further covenants and agrees	cers, agents, servants or emp to indemnify and hold harm laims, damages or costs which	ove named sum is not to be considered as a apployees, of any liability whatsoever and the culess the City of Atlanta, its officers, agents the said City of Atlanta, its officers, agents are event hereinbefore referred to
of the sum stated above; that no other pro- said City or its agents to cause me to sign instrument.	mise or agreement of any kin n this release, and that I fully	is release and indemnification is the payment and or nature has been made to or with me b ly understand the meaning and intent of thi
WITNESS my hand and seal this	Sixteenth	day of November , 20 00
	Micaiah Young	trank Juny (LS)
The above release was read and ex our presence on the date above written.	eplained to, and signed by the	Micajah Young)
	Minary	witnesses)

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